TRADEN

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

PUBLICATION FEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed v	her
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address.	ss a
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS	" fo
maintenance fee notifications.	

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20995

APPLN. TYPE

02/08/2005

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614

04/27/2005 DEMMANU2 00000157 10660927

01 FC:1501

1400.00 OP

SMALL ENTITY

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

ERIC S., FURMAN	(Depositor's name)
8.1	(Signature)
APRIL 22, 2005	(Date)

TOTAL FEE(S) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,927	09/12/2003	William J. Wechter	LOMACEN.015C4	7323

TITLE OF INVENTION: USE OF GAMMA-TOCOPHEROL AND ITS OXIDATIVE METABOLITE LLU-ALPHA IN THE TREATMENT OF DISEASE

ISSUE FEE

nonprovisional	NO	\$30		\$0	\$30	05/09/2005	
EXAMP	IER	ART UNI	Т	CLASS-SUBCLASS	,		
HENLEY III, R.	AYMOND J	1614		514-458000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) LOMA LINDA UNIVERSITY MEDICAL CENTER LOMA LINDA, CALIFORNIA							
Please check the appropriate a 4a. The following fee(s) are er Issue Fee Publication Fee (No sm Advance Order - # of Co	all entity discount permitte	4b. X	Payment of A check		sed.	group entity Government or credit any overpayment, to a copy of this form).	
5. Change in Entity Status (fig. a. Applicant claims SM. The Director of the USPTO is NOTE: The Issue Fee and Pub interest as shown by the record	ALL ENTITY status. See	e) 37 CFR 1.27.	b. Applic	cant is no longer claiming SMALL ny) or to re-apply any previously prediction the applicant; a register	ENTITY status. See 37	7 CFR 1.27(g)(2).	
Authorized Signature	Em F.	inapp			IL 23 , 200 , 45,664)5	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Case Docket No. LOMACEN.015C4

Date: April 22, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

William J. Wechter

Appl. No.

10/660,927

Filed

September 12, 2003

For

USE OF γ -TOCOPHEROL AND

ITS OXIDATIVE METABOLITE LLU - α IN THE TREATMENT

OF DISEASE

Group Art Unit

1614

Class/Sub-Class:

514-458000

Examiner

Raymond J. Henley III

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 22, 2005 (Date)

Eric S. Furman, Rh.D., Reg. No. 45,664

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$30 which is the outstanding balance for the issue fee, publication fee, and advanced order of copies is enclosed. Payment of \$1,700 was previously submitted on November 22, 2004. Please charge any additional fees which may be required, or credit any overpayment, to account no. 11-1410.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Eric S. Furman, Ph.D. Registration No. 45,664 Attorney of Record Customer No. 20,995 (619) 235-8550

1673424\041905